## **Hastings Family Aquatic Center**





Family Information				
Check here if you are a NEW customer.				
Last Name:	 Phone Nu	mber:		
Home Address:	 City:		_State	Zip
Email Address:	Emergency	Contact:_		

PUNCH CARD FEES		Quantity
10 Punches	\$57.00	
20 Punches	\$94.00	
30 Punches	\$110.00	
40 Punches	\$126.00	
Punches over 40	\$31.50/10 punches	
(Punches over 40 will be pro-rated)	Total	

SEASON PASS FEES				
Family Size	Resident	Non-Resident	Cost	
Single	\$58.00	\$68.00		
Family of 2	\$105.00	\$125.00		
Family of 3	\$154.00	\$184.00		
Family of 4	\$203.00	\$243.00		
Family of 5	\$252.00	\$302.00		
Family of 6	\$301.00	\$361.00		
Family of 7	\$350.00	\$419.00		
		To	otal	

See back for more instructions.

PUNCH CARD(s)	<b>Reminder:</b> Season passes and Punch cards expire at the end of the current season!		
Total number of punches	uio ourioni oodoorii.		
How many cards (minimum a	and increments of 10 punches per card)		
Please let us know the name(s) you wa	ant on the back of each card.		
SEASON DASSES (Fach foreiburg and an re-			
SEASON PASSES (Each family member m Family Member #1			
Family Member #2			
Family Member #3			
Family Member #4			
Family Member #5			
Family Member #6			
Family Member #7			
Please note that family members must have the same addre			
participation in this activity.  Parent/Participant/Guardian Signature	Date		
	How to get your season passes or punch cards:		
Payment: Cash or Charge ONLY  Name on card:	By mail: RECOMMENDED Mail us the application with payment, we will process and mail your cards to you. (After June 3, they can be picked up at the pool upon request)		
Credit Card Number Expiration CVV	Stop into the Parks and Rec office to purchase your passes. 920 W 10th St. Hastings, MN 55033		
We accept: Visa MasterCard Discover  WE DO NOT ACCEPT CHECKS!	Wait until the Hastings Family Aquatic Center opens on June 3rd to buy your passes at the front desk.  Call 480-6179 with questions.		
	, 920 West 10th St, Hastings MN 55033 651-480-6175 visit our website at: www.hastingsmn.gov		
Office Use Only:	The same and the s		

Date: \_\_\_\_\_ Staff Person: \_\_\_\_\_ Form of Payment: Cash or Charge (Circle one)